



Benefits Pay Agreement

While you were on leave from your position with Kids Central, Inc. we continued to pay your premiums for medical, dental, and/or AFLAC policies you have.

The total amount paid for your policies is \$ _____. This amount must be reimbursed to our agency. The following are payment options you may choose from (please check one):

- I agree to pay \$_____ every two weeks to Kids Central, Inc.
- I agree to pay \$_____ monthly to Kids Central, Inc. (payment is due by the 30th of the month).
- I agree to have \$_____ deducted from my paycheck. For this option, the amount due must be paid in no more than six (6) payments. This option may not be chosen during lay-off status.

I hereby agree that if my employment is terminated for any reason, the balance of any monies owed will be deducted from my last check.

Employee Printed Name

Employee Signature

____/____/____
Date